

Judging and Awards

All accepted entries will be displayed in the Salon and then judged for awards by a competent jury selected by the Art Salon Committee.

To Obtain Entry Form

Any physician or medical undergraduate may obtain an entry form and complete details from the sponsor at P.O. Box 959, Montreal, Quebec. A short note or post card will bring the form, along with complete instructions on how to prepare and ship your entries.

Art Salon Calendar

The Physicians' Art Salon Calendar, an attractive desk piece based on Salon exhibits, will again be prepared by Frank W. Horner Limited. The calendar reproduces selections from the award winners and is distributed to all physicians in Canada with the compliments of the company.

LETTERS TO THE EDITOR

RHEUMATOID ARTHRITIS AND
AGAMMAGLOBULINÆMIA*To the Editor:*

Dr. D. M. Robertson (Morrisburg, Ontario) published a very interesting report on a case of rheumatoid arthritis and agammaglobulinæmia in the January 9 number. In it he quotes Good *et al.* as calling into question theories of the etiology of rheumatoid arthritis based on hypersensitivity. Also, in his discussion Robertson suggests that his case tends to show that collagen disease can occur in the presence of agammaglobulinæmia, and that therefore the hypersensitivity idea as to cause of collagen disease is open to question. This questioning attitude seems to be based on an idea that sensitivity is due to protective antibodies in gamma globulin. Many allergists do not feel this is true. There is increasing evidence that sensitizing antibodies are not the same as immunizing antibodies. Alexander Wiener¹ suggests this. Sherman² points out that in the case of bacterial allergy the antigens which cause it are not the same as those against which immunizing antibodies are developed. Blatt³ quotes Rosenthal as saying that allergy and immunity are closely related and stating further "it seems fairly certain that allergy may be produced without immunity, but it is more difficult to demonstrate that immunity can be produced without allergy." He also quotes Porter who reported the study of a child with congenital agammaglobulinæmia who was capable of producing delayed hypersensitivity in the absence of circulating antibodies and maintained tuberculin reactivity after B.C.G. vaccination. At the Atlantic Regional Meeting of the Royal College of Physicians and Surgeons of Canada in Halifax last October, Dr. C. B. Stewart presented a paper containing considerable evidence that, in the case of tuberculosis, immunity and sensitivity are not interdependent. There is no confusion therefore in suggesting that collagen diseases, including rheumatoid arthritis, are probably frequently due to hypersensitivity reaction

to some antigenic material from bacteria located elsewhere in the body. These bacteria may or may not be stimulating an immunity reaction where they are, or the development of immunizing antibodies in the form of gamma globulin.

I would suggest that Dr. Robertson's case was not so much one of agammaglobulinæmia as hypogammaglobulinæmia.

Dr. Robertson is probably on the right track when he is trying to increase the gamma globulin by stimulation with a stock respiratory vaccine. No one has ever proved that a so-called autogenous vaccine is superior, although many writers assume that such is the case. If he is using the standard doses often recommended by the makers of vaccines, he is probably not giving a sufficient amount to stimulate properly the production of antibodies.⁴ In a case of this kind it might be wise to build up the resistance of several compatible donors with large doses of stock vaccine and then use some of their gamma globulin.

562 Dunn Ave.,
Lancaster, N.B.,
February 2, 1960.

K. A. BAIRD, M.D.

REFERENCES

1. WIENER, A. S.: *Ann. Allergy*, 10: 535, 1952.
2. SHERMAN, W. B.: In: *Ocular allergy* by F. H. Theodore and A. Schlossman, Williams & Wilkins Company, Baltimore, 1958, p. 9.
3. BLATT, H.: *Rev. Allergy*, 12: 205, 1958.
4. BAIRD, K. A.: *Ann. Allergy*, 7: 339, 1949.

WOUNDS OF THE HEART

To the Editor:

In the January 30, 1960, issue of the *Canadian Medical Association Journal*, you published a letter to the editor from Dr. J. D. Haynes. In this letter, he stated that our article on stab wounds of the heart (*Canad. M. A. J.*, 81: 1014, 1959) was in error in stating that only four such cases of stab wounds of the heart had been reported in recent years in British literature. He feels that this was an error because an article he published in the *Canad. M. A. J.* in 1956 was not recognized. At the bottom of the letter you published an apology.

I would like to point out that no apology was necessary, for, in the first place, neither of his cases recorded were of stab wounds. One was a bullet wound and the other was a heart injury sustained while a doctor was attempting to treat a cardiac arrest which had occurred during a tonsillectomy. In the second place, both of these cases were treated in Baltimore, Maryland, and in reporting our case as the first Canadian case reported, we compared it to the number of cases in the British Isles (British literature) and in the United States.

Perhaps he had misunderstood our terminology. By British literature is meant those cases published from Great Britain.

F. G. WESTGATE, M.D.

Medical-Dental Building,
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